MARYLAND STATE DEPARTMENT OF HEALTH

11776

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gladys.	Henrietta	Bausum.	12	23	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	2-19-1938	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School		A. A. Co Md	U. S. A.

13. FATHER'S NAME John E. Bausum — 14. MOTHER'S MAIDEN NAME Mary Ferrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS John E. Bausum R 7 D Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
8255 Immediate cause (a) Fracture Skull Basilar (2) Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro Pontine Angle (3) Lacerated Brain.	
Multiple Lacerations.	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rivs- Road. — (CITY OR TOWN) — (COUNTY) A.A.Co — (STATE) MD

TIME OF INJURY (Month) 12 (Day) 18 (Year) 53 (Hour) 7 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Guntrect — (Degree or title) MD. — ADDRESS Annapolis Md — DATE SIGNED 12/23/53.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Dec 26-53	Hillcrest	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 24, 1953	J. D. Bond	John M. Taylor & Son	Annapolis Md.

VS. A15A

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11777

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Annapolis,

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 125 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural give location): 125 West St.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) VIRGINIA (Last) BEALL

4. DATE OF DEATH: (Month) DECEMBER (Day) 16 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	November 3, 1876	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Annapolis, Maryland	USA

13. FATHER'S NAME: Henry Hardy

14. MOTHER'S MAIDEN NAME: Martha (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
---	-----	none	Mr Harry Beall smae as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591K

Immediate cause — (a) Uraemic Coma — Interval Between Onset And Death: 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Sub Acute Nephritis — Several months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 10, 1953 to Dec 16, 1953 that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 3.50 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oliver Purvis	M.D.	Annapolis Md	12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-19-53	Cedar Bluff Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 18, 1953	[signature]	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
DEC 24 1953
BUREAU V. S.

Film#G160 Item# 11 1/12/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11778

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Garland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Orchard Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garland

STREET ADDRESS (If rural give location) 307 Orchard Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Becker

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 13-1905

9. AGE last birthday: 48 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Becker

14. MOTHER'S MAIDEN NAME: Elizabeth Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Elsie L. Becker - 307 Orchard Rd, Garland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: SUDDEN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ANGINA PECTORIS — 2 YRS.

DUE TO

(c) Coronary Arteriosclerosis — UNKNOWN.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-27, 1953, to 11-13, 1953, that I last saw the deceased alive on 11-13, 1953 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leon C. Perry, M.D. 201 B+A Blvd, Glen Burnie, MD 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 10, 1953 — NAME OF CEMETERY OR CREMATORY Holy Cross — LOCATION (City, town, or county) Brooklyn R.F.D. (State) Md.

DATE REC'D BY LOCAL REGISTRAR December 8, 1953 — REGISTRAR'S SIGNATURE L. J. [illegible]

24. FUNERAL DIRECTOR R. T. Singleton — ADDRESS Glen Burnie, Md.

RECEIVED
DEC 10 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11779

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey | LENGTH OF STAY (in this place) all life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5920 - Belle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NOLEDA (Middle) (Last) BRAGG.

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: Colored. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single | 8. DATE OF BIRTH: 10/13/53 | 9. AGE last birthday: yrs. 23 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): University Hosp. - Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Bragg. | 14. MOTHER'S MAIDEN NAME: Marie Cooper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Marie Bragg - (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

924.0 Immediate cause (a) Suffocation — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bed. (home) | (CITY OR TOWN) Pumphrey | (COUNTY) A.A. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Sanford Fowler M.D. | Deputy Medical Examiner | Glen Burnie, Md. | 12/11/53.

BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 12/14/53 | NAME OF CEMETERY OR CREMATORY Mt Calvary | LOCATION (City, town, or county) Brooklyn | (State) Md

DATE REC'D BY LOCAL REG. 12-14-53 | REGISTRAR'S SIGNATURE a. W. Hahn | 24. FUNERAL DIRECTOR Charles A. Rice | ADDRESS 661 W. Baltimore St.

20032243 63

VS. A16A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11780

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Cumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shippensburg V 35-3
STREET ADDRESS (If rural give location) East King St.

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) L. (Last) BROWN

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (specify) Widow

8. DATE OF BIRTH: Sept 23 - 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison S. Lutz

14. MOTHER'S MAIDEN NAME: Blanche E. Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Evelyn Gingrar Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Broncho Pneumonia — Interval Between Onset And Death: about 6 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Senile Arteriosclerosis — Several yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Oliver Purvis M.D. ADDRESS Annapolis Md DATE SIGNED Dec 7 - 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-10-53 NAME OF CEMETERY OR CREMATORY Spring Hill Cem. LOCATION (City, town, or county) (State) Cumberland Co. Penn.

DATE REC'D BY LOCAL REGISTRAR Dec. 8, 1953 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. W. Barbour ADDRESS Shippensburg Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1963
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11781

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville
STATE: MARYLAND
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hopewell
STREET ADDRESS (If rural give location): None listed

3. NAME OF DECEASED: (First) William (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/1/99
9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Will Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): Unk.
(If Yes, give war or dates of service): Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Acute coronary thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary sclerosis — Unknown
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia — More than 1 year

19a. DATE OF OPERATION: — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/4, 1953, to 12/9, 1953, that I last saw the deceased alive on 12/9., 1953, and that death occurred at 3:05 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Arnold H. Eiduit, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Bur.
DATE THEREOF: Dec 13 1953
NAME OF CEMETERY OR CREMATORY: Hopewell cemetery
LOCATION (City, town, or county) (State): R F D 1 Caufield Md.
DATE REC'D BY LOCAL REGISTRAR: Dec. 10, 1953
REGISTRAR'S SIGNATURE: H M Hyer
24. FUNERAL DIRECTOR: Charles H Ward Marion sta Md
ADDRESS

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12782

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) GREENLAND BEACH
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8236 Fort Smallwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenland Beach
STREET ADDRESS (If rural give location) 8236 Fort Smallwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) LEO (Middle) FRANCIS (Last) CAREY

4. DATE OF DEATH: (Month) DEC. (Day) 6 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Carey

14. MOTHER'S MAIDEN NAME: Anna Brady

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Mrs. Lena Carey 8236 Fort Smallwood Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: IMMEDIATE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — 5 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1946, to DEC. 6, 1953., that I last saw the deceased alive on DEC 2, 1953, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Brady Smith M.D. ADDRESS Riviera Beach Md. DATE SIGNED 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 9, 1953 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR George J. Gonce ADDRESS 4001 Ritchie Highway Balto. 25

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11783

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 57 Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Carroll

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 6-25-1904 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: St. Johns College | 11. BIRTHPLACE (State or foreign country): Annapolis, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Carroll

14. MOTHER'S MAIDEN NAME: Hester Irene Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-16-8529

17. INFORMANT & ADDRESS: Florence Carroll - Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Pneumonia, Lobar — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ..... alcoholism, chronic — 3 wks
DUE TO (c) 322.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29-1953, to 12-30-1953, that I last saw the deceased alive on 12-30-1953, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE James E. Smith (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 1-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-4-54 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 2, 1954 | REGISTRAR'S SIGNATURE J. T. O'Connell

24. FUNERAL DIRECTOR William Reese II | ADDRESS 148 N. Washington St. Annapolis, Md.

RECEIVED
JAN 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 12784

MARGIN RESERVED FOR BINDING

USE BLACK WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum — LENGTH OF STAY (In this place) 7y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hammonds Ferry Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Guy (Last) Chaney
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 9/2/85
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Bridge & Structural
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Glenton, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Andrew Chaney
14. MOTHER'S MAIDEN NAME: Sarah Woodruff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-32-8112.
17. INFORMANT AND ADDRESS: Mrs. Ada M. Chaney (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Gustave X Bankenstein. Deputy Medical Examiner. Glen Burnie, Md. 12/10/53

BURIAL, CREMATION OR OTHER (Specify) Burial — DATE THEREOF Dec. 14 1953 — NAME OF CEMETERY OR CREMATORY Evergreen Memorial Cemetery — LOCATION (City, town, or county) Glen Burnie, Md. — (State)

DATE REC'D BY LOCAL REG. Dec 14 1953 — REGISTRAR'S SIGNATURE L J Dalton — 24. FUNERAL DIRECTOR: A. E. Singleton, Glen Burnie, Md. — ADDRESS

Caldwell Woodruff

DEC 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11785-1

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH: A.A Co. Home
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Md.
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne ARundel Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) CHARLES (Middle) (Last) Cox
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Mar. 3, 1887	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Cox
14. MOTHER'S MAIDEN NAME: Eliza King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S ADDRESS: Mrs Annie Cox West Beach Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Instant.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic C.V. Disease — yrs.
DUE TO
(c) Chr. Valvular Disease, Etiology unknown — yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to Dec 22, 19 53., that I last saw the deceased alive on 12/17, 19 53., and that death occurred at 1:40 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Mamie K Evans MD Annapolis 12/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/23/53
NAME OF CEMETERY OR CREMATORY Mt. Harmony
LOCATION (City, town, or county) (State) Owings, Md.
DATE REC'D BY LOCAL REG. 12/22/53
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR ADDRESS Wm H. Hutchins, Owings, Md.
Wm. French, mgr

DEC 3 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11786

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LIZZIE (Middle) (Last) CRANFORD

4. DATE OF DEATH: (Month) DEC (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 6/1/85

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: Private home

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Steward

14. MOTHER'S MAIDEN NAME: ANNIE LAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: WM. H. CRANFORD 710 W. MOSHER ST BALT MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 10 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Cerebro vascular accident — 12 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN. ..., 1953, to Dec 6, 1953, that I last saw the deceased alive on Dec 6, 19 53 and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jay W. Allen M.D. 10 Carroll St 12-7-53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial

DATE THEREOF DEC 9 1953

NAME OF CEMETERY OR CREMATORY chews

LOCATION (City, town, or county) (State) Davidsville Md

DATE REC'D BY LOCAL REGISTRAR Dec 9, 1953

REGISTRAR'S SIGNATURE Edward L. Collinson

24. FUNERAL DIRECTOR Hardesty Funeral Home

ADDRESS Edgewater Md

VS. A 15

REC
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11787

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A-A County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park & Circle Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riviera - Beach.
STREET ADDRESS (If rural give location) Park & Circle Roads.

3. NAME OF DECEASED: (Type or Print) (First) Jacob - (Middle) Lorispens (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: MAR-24-1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fireman | 10b. KIND OF BUSINESS OR INDUSTRY: Balto-City | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lorispens | 14. MOTHER'S MAIDEN NAME: Elizabeth Steele.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Thelma M Stevens. (Sama)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (~~DUE TO~~)	(a) Hypertensive Cardio-vascular Renal Disease	about 3yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (~~DUE TO~~)	(b) Acute Dilation of Heart	0
	(c) Old age	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to Dec. 26 -, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmett G. Myrr. M.D. | ADDRESS 516 Cathedral St. | DATE SIGNED Dec. 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/30/53 | NAME OF CEMETERY OR CREMATORY Baltimore Cem | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR C. A. Hilbert & Son | ADDRESS 1300 Eutaw Place 17

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; MARYLAND LENGTH OF STAY (in this place) 40; HOSPITAL OR INSTITUTION OR STREET ADDRESS Camp Meade Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural, give location) Camp Meade Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Cross

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 13, 1894

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John R. Cross

14. MOTHER'S MAIDEN NAME: Ricka Reined

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-05-5348

17. INFORMANT AND ADDRESS: Veta Greenwood 3107 McElderry St Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1953, to Dec. 11, 1953, that I last saw the deceased alive on Dec. 10, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE O. H. MacKenzie (Degree or title) ADDRESS Millersville Md DATE SIGNED 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE 12/14/53

NAME OF CEMETERY OR CREMATORY: Epiphany

LOCATION (City, town, or county) Odenton (State) Md

DATE REC'D BY LOCAL REG. Dec 14 1953

REGISTRAR'S SIGNATURE Clara Hastup

24. FUNERAL DIRECTOR: J. W. Hampton ADDRESS Glen Burnie, Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11789

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Morris Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 13 Moris Street

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Fowler (Last) Wiggs

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months 5 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roanoke, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Arthur Wiggs 13 Morris St, Annapolis Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 260X Coronary Occlusion — Interval Between Onset And Death: 20 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Several yrs. at least

DUE TO (c) Diabetes. — '6 yr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. ..., 19 53 to Dec. 10, 19 53 that I last saw the deceased alive on Dec 10, 19 53, and that death occurred at 8.00 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Faye W. Allen M.D. 10 Carroll Annapolis 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 14, 1953
NAME OF CEMETERY OR CREMATORY Brewery Hill
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 14, 1953
REGISTRAR'S SIGNATURE J. C. Brasel

24. FUNERAL DIRECTOR Jamie A. Johnson ADDRESS Annapolis Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC
BUREAU V. S.

Film#G160 Item# 1 12/17/53 emp

11790
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN rural-Davidsonville
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY A A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN DAVIDSONVille
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Audrey (Middle) ARLENE (Last) DOVE.
(Type or Print)

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov 16 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): A.A. General Hospital Annapolis md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EVERETT DOVE
14. MOTHER'S MAIDEN NAME: AUDREY E OAKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: EVERETT DOVE, DAVIDSONVille Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Bronchopneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. Turnbaugh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec 8 1953
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Owensville (State) Md

DATE REC'D BY LOCAL REG. Dec 7, 1953
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR Hardesty Funeral Home
ADDRESS Galesville Md

20V3192385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11791 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
MARYLAND LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): 5 Oklahoma Terrace

3. NAME OF DECEASED: (First) Francis (Middle) Mohun (Last) FURLONG

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 15, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: Medical Corps

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Paul Furlong

14. MOTHER'S MAIDEN NAME: Emiley Mohun

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records: USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple metastases to lungs and liver — Interval Between Onset And Death: 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) History of carcinoma of cecum with resection
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 DEC, 19 53, to 15 DEC, 19 53, that I last saw the deceased alive on 15 DEC, 19 53, and that death occurred at 9:17 PM, from the causes and on the date stated above.

SIGNATURE: K.F. MENK, LT MC USNR (Degree or title) ADDRESS: U.S. Naval Hospital, Annapolis, Md. DATE SIGNED: 12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE THEREOF: Dec. 18 1953 NAME OF CEMETERY OR CREMATORY: Fort Lincoln LOCATION (City, town, or county) (State): Pr. George Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 16, 1953 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John M. Taylor & Son ADDRESS: Annapolis Md.

VS. A15

RECEIVED
DEC
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11582

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Mayo
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8207 Queen Ann's Drive

3. NAME OF DECEASED: (Type or Print) (First) Townley (Middle) Epes (Last) Gamble.

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1953

5. SEX: male **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Divorced **8. DATE OF BIRTH:** MARCH 20 1907 **9. AGE last birthday:** 46 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Musician + U.S. Govt Retoffice **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Petersburg Va. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Robert A. Gamble **14. MOTHER'S MAIDEN NAME:** Mary Epes Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Mabel Griffith Gamble, 7608 Clarendon Rd, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Hanging — DUE TO — Interval Between Onset and Death: Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
974.X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Home. **21c.** (City or town) (County) A.A.Co (State) MD.

21d. TIME OF INJURY (Month) 12 (Day) 29 (Year) 53 (Hour) 7 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☑ **21f. HOW DID INJURY OCCUR?** Hung - Self.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. Lim Lindt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12/30/53

23. ~~BURIAL, CREMATION~~, REMOVAL (Specify): **DATE THEREOF** 12/30/53 **NAME OF CEMETERY OR CREMATORY** **LOCATION** (City, town, or county) Silver Spring (State) Md.

DATE REC'D BY LOCAL REG. Dec. 30, 1953 **REGISTRAR'S SIGNATURE** Edward Collinson **24. FUNERAL DIRECTOR ADDRESS** Warner Pumphrey 8434 Ga. Ave. Silver Springs, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13793

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 821 West

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Antonette D. Gelhous

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 17 - 19 53

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 4-1-1870

9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country) Annapolis Md.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME: Henry Rehn

14. MOTHER'S MAIDEN NAME: Dorothy Du Val

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Albert E. Housley Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 231X Uraemia — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 5 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1953, to Dec 17, 1953, that I last saw the deceased alive on Dec 17, 1953, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Oliver Pereis M.D. | ADDRESS Annapolis Md | DATE SIGNED 12-19-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF 12-20-53 | NAME OF CEMETERY OR CREMATORY Cedar Park | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 19, 1953 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR John M. Taylor Sons | ADDRESS Annapolis Md

VS. M5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ky. Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) VERITA-ALETHA (Middle) SOUTH. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 11/2/53

9. AGE last birthday yrs.: 5 — If under 1 year: Months — Days — If under 24 Hours — M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia Hospital, Laurel, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willie Smith

14. MOTHER'S MAIDEN NAME: Callie [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. M. L. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio respiratory — Interval between onset and death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. IF EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence of said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title): Walter [illegible] M.D. — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 12-22-53

DISPOSITION (Burial, Cremation, Removal) Burial — DATE THEREOF 12-24-1953 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary — LOCATION (City, town, or county) (State): Arnold, Md.

DATE RCVD BY LOCAL REG. Dec. 21, 1953 — REGISTRAR'S SIGNATURE: [illegible] — FUNERAL DIRECTOR: J.B. Johnson — ADDRESS: Annapolis, Md.

2073261986

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK. Supply every item of information carefully. The entries must especially important. Physicians: please write the cause of death clearly and legibly.

File G 160 Item 18 12/29/53 sw

MARYLAND STATE DEPARTMENT OF HEALTH

11795

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chunchton
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chunchton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) STEPHAN (Middle) ANTHONY (Last) GRAY

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 1953

9. AGE Last birthday: yrs. If under 1 year: Months 3 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Gray

14. MOTHER'S MAIDEN NAME: Mary B. Lent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Donald Gray, Crownsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive gangrenous dermatitis of the buttocks

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE: R B Fisher (Degree or title): MD ADDRESS: 700 Fleet St., Baltimore 2, Md. DATE SIGNED: 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 12/14/53 NAME OF CEMETERY OR CREMATORY: Franklin LOCATION (City, town, or county) (State): Crownsville Md

DATE REC'D BY LOCAL REG.: Dec. 11-53 REGISTRAR'S SIGNATURE: D. B. Dent

24. FUNERAL DIRECTOR: Howard County Funeral Home, Inc. ADDRESS: Ellicott City

JS 208322429 2

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1736

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn, Md
STREET ADDRESS (If rural, give location): Camp Md. Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cora	Rebecca	Hammond	12 - 14 - 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widow	— 1899	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	a a Co md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Cuba	Lottie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Irene Chews Severn md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 -

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY ATHEROSCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy —, Inspection X, Inquiry — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident —, suicide —, homicide —, undetermined —.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

DISPOSITION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/18/53	St Rest Anne	a a. Co md

DATE RECEIVED BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

FILED — James A Hayes 638 N Fulton Ave Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Soputh River Rd.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) E (Last) Harvey

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH: 10-23-1868 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad | 10b. KIND OF BUSINESS OR INDUSTRY: Pullman Co. | 11. BIRTHPLACE (State or foreign country): Calvert Co.-Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Harvey | 14. MOTHER'S MAIDEN NAME: Addie Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Lillian Brown-Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: Dec 14, 1953

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — 2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1953, to Dec 21, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. | ADDRESS Annapolis, Md. | DATE SIGNED Dec 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-24-53 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 23, 1953 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR William Reese & Son | ADDRESS 108 N. Washington St. Annapolis, Md.

RECEIVED
DEC 15 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1797

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Rural, Laurel
MARYLAND LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Same COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural give location) Fort Meade Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Elizabeth (Last) Hauff
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 1-13-19
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis B. Hauff
14. MOTHER'S MAIDEN NAME: Amanda ? Hauff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Social Service Records, D.T.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 491 X Cor Pulmonale — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Lobar pneumonia — 48 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amentia; epilepsy; spastic quadriplegia — lifelong

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 19 53, to 12-14, 19 53, that I last saw the deceased alive on 12-13, 19 53, and that death occurred at 2:20 a.m. from the causes and on the date stated above.

SIGNATURE Ben H. McConnell — (Degree or title) M.D. — ADDRESS District Training School — DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/16/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 12-15-53 — REGISTRAR'S SIGNATURE Clara Hakuf

24. FUNERAL DIRECTOR Clay Chase Funeral Home — ADDRESS 516 3 Wash. D.C.

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BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1798

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2035 North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/10/10

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Walter Hawkins

14. MOTHER'S MAIDEN NAME: Geneva unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 11/21, 19 53, to 12/6, 19 53, that I last saw the deceased alive on 12/6, 19 53, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.

ADDRESS Crownsville, Md.

DATE SIGNED 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Shipped — DATE THEREOF 12/10/1953 — NAME OF CEMETERY OR CREMATORY Brookston Cem. — LOCATION (City, town, or county) (State) Henderson N.C.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs Katie R. Williams — ADDRESS 322 N. Johnson St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11799

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Cumberstone
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberstone
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Louis Frederick Charles Heintz

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 10 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lithographer

10b. KIND OF BUSINESS OR INDUSTRY: Lithography

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Heintz

14. MOTHER'S MAIDEN NAME: Caroline Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary edema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: congestive heart failure
(c) Arteriosclerotic cardiovascular renal dis.

Interval Between Onset And Death: (a) 3 day; (b) 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: diabetes mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1951, to Dec. 10, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 2. 15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Burr Lenox Grant M.D. — ADDRESS: Shady Side Md. — DATE SIGNED: 12.10.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 12, 1953 — NAME OF CEMETERY OR CREMATORY: St. Annes — LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 11-53 — REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: Hardesty Funeral Home, Galesville — ADDRESS: Md.

RECEIVED
DEC 14 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11800 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Arundle
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) Jumpstown Rd

3. NAME OF DECEASED: (First) BEATRICE (Middle) (Last) JOHNSON
4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/27/1897
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic - at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Green
14. MOTHER'S MAIDEN NAME: Catherine Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Gladys Gaither, Severn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CRANIOCEREBRAL INJURY — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home
21c. (City or town) (County) (State) QUEENSTOWN RD SEVERN - A.A.Co - MD
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 31 53 6 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Beaten - Blunt Force by Assailant

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE B W Fisher M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1/3/53
NAME OF CEMETERY OR CREMATORY Saints Rest
LOCATION (City, town, or county) (State) Harman, Md
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles A. Rice
ADDRESS 661 W. Baree St

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1301

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY ANNA ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANOVER
LENGTH OF STAY (in this place) 50 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 9A RIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ANNA ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANOVER
STREET ADDRESS (If rural, give location) Box 9A RIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LAWSON (Last) JOHNSON

4. DATE OF DEATH: (Month) DECEMBER (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 21 Oct 1896

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDER

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM GEORGE JOHNSON

14. MOTHER'S MAIDEN NAME: ANNA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): 1918

16. SOCIAL SECURITY NO.: 218-12-6301

17. INFORMANT AND ADDRESS: SISTER ISABEL HARMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4a

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset and Death: 2 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) LOSS OF WEIGHT

(c) ANOREXIA

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec, 1953 to 3 Dec, 1953 that I last saw the deceased alive on 24 December, 1953, and that death occurred at 9:10 m., from the causes and on the date stated above.

SIGNATURE George E Graham (Degree or title) MD ADDRESS Elkridge, Md DATE SIGNED 3 December 53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE 12 5 53 — NAME OF CEMETERY OR CREMATORY Friendship — LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE L W Fedrick

24. FUNERAL DIRECTOR — ADDRESS

11302

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

FAILURE TO FILL OUT UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt. Edge — LENGTH OF STAY (In this place) 3 days. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Jinterson Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY A.A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrard — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bernie (Middle) E. (Last) Jones.

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/4/77

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hartford County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bosley

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mrs. Mayre Jones, Davidsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arterio sclerosis — 7

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. WAS ACCIDENT, SUICIDE OR HOMICIDE? — IF ACCIDENT, SUICIDE OR HOMICIDE, PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Gustave B. Pauker M.D. (Degree or title) — ADDRESS: Medical Examiner Glen Burnie, Md. — DATE SIGNED: 12/27/52

DISPOSITION: Burial — DATE THEREOF: 12/30/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Balto — (State): Md.

DATE REC'D BY LOCAL REG.: 12-29-53 — REGISTRAR'S SIGNATURE: A W Adams — 24. FUNERAL DIRECTOR: J. H. & B. M. Walters — ADDRESS: Pratt & Charles Sts.

U.S. 41-A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12303

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva
STREET ADDRESS (If rural give location): Post Office

3. NAME OF DECEASED: (First) JAMES (Middle) (Last) JONES

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 2, 1875

9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Private Club

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ---
(If Yes, give war or dates of service): -----

16. SOCIAL SECURITY No.: 219-05-1002 a

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: 450.0 (a) Senility — Interval Between Onset And Death: 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis, Generalized — Interval Between Onset And Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14-53, to 12-28-53, that I last saw the deceased alive on 12-28-53, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE: Edward Beck (Degree or title) MD — ADDRESS: 41 Southgate Ave — DATE SIGNED: 12-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-30-53 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 30, 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

JAN 4 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11804

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

USE WRITING ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Orchard Beach
LENGTH OF STAY (In this place): 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1000 Beach Promenade

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) (Last) KAMINSKI

4. DATE OF DEATH: (Month) (Day) (Year) January 21st 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 1867

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hours:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania,

12. CITIZEN OF WHAT COUNTRY? Lithuania

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. J. Paulonis - 411 - N. Pratt St. Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Coronal thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. DID ACCIDENT, HOMICIDE OR SUICIDE PROBABLY CAUSE OR CONTRIBUTE TO CAUSE OF DEATH? ☒

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Orchard Beach — (COUNTY) U.Q. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/21/53 10.50 a. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Home accident fall.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Gustave A. Rautenstrauch — (Degree or title): Deputy Coroner — ADDRESS: Baltimore, Md. — DATE SIGNED: 12-31-53

BURIAL, CREMATION OR REMOVAL: Burial — DATE THEREOF: 12-24-53 — NAME OF CEMETERY OR CREMATORY: Forsey Cemetery — LOCATION (City, town, or county) (State): Forsey Md.

ACCEPTED BY LOCAL REG. — REGISTRAR'S SIGNATURE: — 24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 2101 Frederick Ave

Louis J. Dealba smk

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11905

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Haven - Pasadena P.O.
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Outing & Wise Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Haven - Pasadena P.O.
STREET ADDRESS (If rural give location) Outing & Wise Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Pearl (Last) Kelly

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: April 17 1894 — 9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Baltimore, Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Boss — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Marie Smith - Glen Haven - Pasadena P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary thrombosis — 1 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary artery disease — 1 year
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1950, to Dec. 19, 1953, that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
[signature illegible] M.D. — Pasadena, Md. — Dec. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/19/53 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) Glen Burnie (State)

DATE REC'D BY LOCAL REGISTRAR 12/22/53 — REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR [illegible] — ADDRESS Glen Burnie, Md.

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

17306

Reg. Dist. No. 25

M

I

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brocklyn Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Townsend Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights
STREET ADDRESS (If rural give location) 222 Townsend Avenue

3. NAME OF DECEASED: (Type or Print) (First) LARYLAIET (Middle) (Last)

4. DATE OF DEATH: (Month) 12/29/53 (Day) (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	5/28/03	50 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Baltimore	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Moskoski	Helen Gryboski

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 4.4.3X Cardiac failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Disease — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec., 1953, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry Cohen MD — ADDRESS: 803 Cathedral St — DATE SIGNED: 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	1/2/54	Holy Cross	Baltimore

DATE REC'D BY LOCAL REGISTRAR: Jan 2, 1954 — REGISTRAR'S SIGNATURE: Ida M. Whitem

24. FUNERAL DIRECTOR: James L. McCully — ADDRESS: 130 E. Fort ave.

John Lamon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11607

CERTIFICATE OF DEATH

4

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural give location) Riggs Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A. (Last) Lamon Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 5/53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1908

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Purchasing Agent-Budget Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Lamon

14. MOTHER'S MAIDEN NAME: Anne E. Frick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Minna F.Lamon, Riggs Ave. Severna Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.20.1

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary artery disease (?)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov, 19 53, to 5 Nov, 19 53, that I last saw the deceased alive on 5 Nov, 19 53 and that death occurred at 2 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gene A. Trout MD

ADDRESS Severna Park Md

DATE SIGNED 5 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Entombment

DATE THEREOF Dec. 8/53

NAME OF CEMETERY OR CREMATORY Lorraine Pk. Mausoleum

LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry F. Wittle

ADDRESS 1401 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11308

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum; LENGTH OF STAY (In this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS B.A. Bye Old-Annapolis Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Anne Arundel.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Linthicum
STREET ADDRESS (If rural, give location) 34-Patapsco Rd.

3. NAME OF DECEASED (Type or Print): (First) EDWARD- (Middle) AUGUSTUS. (Last) LANIGAN.

4. DATE OF DEATH: (Month) Dec. (Day) 11- (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married

8. DATE OF BIRTH: 8/12/78

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Government Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Addison - N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Lanigan

14. MOTHER'S MAIDEN NAME: Anne Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-20-7892

17. INFORMANT AND ADDRESS: Mrs. Eva Lanigan (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS (MANNER OF) INJURY: PRIMARY OR CONTRIBUTING CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave H. Fuhrebrudt. Deputy Coroner. Glen Burnie, Md. 12/11/53

~~BURIAL CREMATION~~ REMOVAL (Specify) Removal
DATE THEREOF 12/12/53
NAME OF CEMETERY OR CREMATORY Hope
LOCATION (City, town, or county) (State) Worcester Mass.

DATE REC'D BY LOCAL REG. December 12 1953
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc 127 St. Paul St.

VS. AL5A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12309

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Edgewater, Md.
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel County Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) J (Last) LOWMAN

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1953

5. SEX: FEMALE **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED **8. DATE OF BIRTH:** Feb. 11, 1865 **9. AGE last birthday:** 88 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Hendrills **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Unknown **14. MOTHER'S MAIDEN NAME:** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **(If Yes, give war or dates of service)** NO **16. SOCIAL SECURITY NO.:** NONE **17. INFORMANT & ADDRESS:**

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Arteriosclerotic Cardio Vascular disease Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Senility

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. **INJURY OCCURRED** While at work ☐ Not while at work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1944, 19....., to 12/24, 1953, that I last saw the deceased alive on 12/2/2, 1953, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE Manuel R. Lemmus M.D. (DEGREE OR TITLE) ADDRESS Annapolis, Md DATE SIGNED 12/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial **DATE THEREOF** Dec 27, 1953 **NAME OF CEMETERY OR CREMATORY** Griffith Cemetery **LOCATION** (City, town, or county) (State) Southern, Md

DATE REC'D BY LOCAL REG. Dec 27, 1953 **REGISTRAR'S SIGNATURE** Edward Collinson

24. FUNERAL DIRECTOR A.R. Hardesty Funeral Home **ADDRESS** Galesville, Md

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1810

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERN X
LENGTH OF STAY (in this place) 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS DONALD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUND.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERN, MD.
STREET ADDRESS (If rural give location) DONALD AVE, SEVERN, Md.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) TIMOTHY (Last) MARTIN

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB. 22, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: RET.

11. BIRTHPLACE (State or foreign country): ORANGE, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JACK MARTIN (DECEASED)

14. MOTHER'S MAIDEN NAME: ALICE SUSAN LEE (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS ALICE LEE SEARS, (NIECE) DONALD AVE, SEVERN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) BRONCHO-PNEUMONIA — Interval Between Onset And Death: 7 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) LEFT HEMIPLEGIA — 7YRS

DUE TO

(c) HYPERTENSION — 10 YRS

334X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☒ Not While At Work ☐

HOW DID INJURY OCCUR?

* 22. I hereby certify that I attended the deceased from 30 Dec., 1953., to 30 Dec., 1953., that I last saw the deceased alive on 30 Dec, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hubert F. Manyak M.D. 901 Edgely Rd, Glen Burnie, Md., 30 Dec. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/2/54 — NAME OF CEMETERY OR CREMATORY Crownsville Cemetery — LOCATION (City, town, or county) (State) Crownsville, Va.

DATE REC'D BY LOCAL REGISTRAR 1/4/54 — REGISTRAR'S SIGNATURE Clara Hartup — 24. FUNERAL DIRECTOR J. P. Singleton — ADDRESS Glen Burnie

* #22 - NOTE - This patient has been under treat. of Dr Lipsky & Dr. Alexander, both of this County, for several years.

VS. A15

JAN
RIBEIRO V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenland Beach X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Greenland Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenland Beach
STREET ADDRESS (If rural, give location): 114 Greenland Road

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) S. (Last) MC KUSKA

4. DATE OF DEATH: (Month) December (Day) 15, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: March 19, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Parker

14. MOTHER'S MAIDEN NAME: Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: C. Roland Brack, 114 Greenland Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Renal — Interval between onset and death: 10 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardiac Decompensation — 5 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Uterus — 5 Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1946, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith (DEGREE OR TITLE) M. D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/18/53

NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery

LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: 12-18-53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook, Inc.,

ADDRESS: 1217 St. Paul Street

VS. A15 8-51

Film G 160 Item #18 12/29/53 SW

MARYLAND STATE DEPARTMENT OF HEALTH

11812

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

*PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Newington

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) MINOR
4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 11 1912
9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Minor
14. MOTHER'S MAIDEN NAME: Mary Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Gayle Kerr Finksburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. External
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage
(CITY OR TOWN) Glenn Burnie (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 13 (Year) 53 (Hour) 8:00 A.M.
INJURY OCCURRED While at work [X] Not while at work [ ]
HOW DID INJURY OCCUR? CO poisoning-found in car with motor runing

22. I certify that I took charge of the remains described above, held an Autopsy PARTIAL X, Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph A. Jachimczyk M.D. Asst. Medical Examiner 700 E Lee St. 12-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: D.D. 12-22-53
NAME OF CEMETERY OR CREMATORY: Finksburg cem.
LOCATION (City, town, or county) (State): Carroll Co

DATE REC'D BY LOCAL REG: 12-22/53
REGISTRAR'S SIGNATURE: A.W. Hedrich
24. FUNERAL DIRECTOR: J.F. Elmer Sons
ADDRESS: Ruckersteam Md

dmr.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11613

Reg. Dist. No. 21

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Bar Harbor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena; STREET ADDRESS (If rural, give location) 56 Bar Harbor Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) L. (Last) MOOG

4. DATE OF DEATH: (Month) Thurs. Dec (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11-1883

9. AGE last birthday: 70 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Patrolman

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore City Police

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? ?

14. MOTHER'S MAIDEN NAME: ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Mary Moog (Wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2 H!X

Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Bronchitis

(c) Bronchial Asthma — 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Dec 17, 1953, that I last saw the deceased alive on 12/14/53 and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isaac Muller M D — ADDRESS: — DATE SIGNED: 12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 19 1953 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: 12-18-53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: G. Howard Evans — ADDRESS: 1400 S. Charles St Balto 30 Md

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24-

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Sevem. Pk. A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Park
LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Severn Park, Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Park
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) B. (Last) Mosner

4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 19 53

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 1, 1880

9. AGE last birthday 73 yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker (retired)

10b. KIND OF BUSINESS OR INDUSTRY Koppers Corp.

11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Mosner

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 213-01-1982

17. INFORMANT AND ADDRESS Mary L. Mosner Severn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

024X

Immediate cause (a) Cardio-Vascular Disease — Interval between onset and death: 5 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Toxic Dorsalis — 10 years.

(c) Tertiary Syphilis — 25 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 20, 1953, to Dec 27, 1953, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE James S. Billingsley (Degree or title) MD ADDRESS 104 Central Ave Glen Burnie Md DATE SIGNED Dec 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Jan. 2, 1954

NAME OF CEMETERY OR CREMATORY Mount Gilead

LOCATION (City, town, or county) (State) Woodlensburg, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 1/2/54

REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR R. V. Leighton ADDRESS Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1915

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DEALE X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DEALE
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) KINSLOW (Last) MULLEN

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-8-1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON, DC.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM E. KINSLOW

14. MOTHER'S MAIDEN NAME: NELLIE L. ASH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: DORIS M. TUCKER - DEALE, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Carcinoma of liver

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO generalized metastasis

(c) DUE TO

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 19 51, to 12-23, 19 53, that I last saw the deceased alive on 12-18., 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emily H. Wilen, M.D. ADDRESS: Cattiean, Md. DATE SIGNED: 12-23-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 12/26/53 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county) (State): Suitland Md. ADDRESS

DATE REC'D BY LOCAL REGISTRAR: 12/23/53 REGISTRAR'S SIGNATURE: Elsie A. Wastkemains

24. FUNERAL DIRECTOR: Robert A. Mattingly 131-11th St. S.E. Wash. D.C.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1816

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Annapolis — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 77yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Mills Road, Ann Arundel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same — COUNTY same — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same — STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) May (Last) Norris

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: Fmal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 3-2-1866

9. AGE last birthday: 87 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Busch

14. MOTHER'S MAIDEN NAME: Rose Jeffreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Maude Norris Parsons Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-5p.c

Immediate cause (a) Broncho Pneumonia (Terminal) — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia (complete) Right Side — 1 Month

(c) Arteriosclerosis — Several Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6th, 1953, to Dec 6, 1953, that I last saw the deceased alive on Dec 6th 1953, and that death occurred at 4.05 P m., from the causes and on the date stated above.

SIGNATURE: J. Oliver Pereis (Degree or title) M.D. ADDRESS Annapolis Maryland DATE SIGNED 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/9/53 — NAME OF CEMETERY OR CREMATORY Forest Park — LOCATION (City, town, or county) Balto. — (State)

DATE REC'D BY LOCAL REG. 12-8-53 — REGISTRAR'S SIGNATURE A.W. Hedrich dmr. — 24. FUNERAL DIRECTOR Cook Bros. & Day — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

File #G160 Item # 7 1/6/54 emp
File # 1120 " "13&22 1/14/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Churchton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Churchton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDGAR		OFFER	12	14	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	[illegible]	June 9, 191[illegible]	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oystering	Churchton Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Wesley Offer	ELLA HUTTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—		Brother, Deer, Churchton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
322.0 Immediate cause	(a) Hypertensive and arteriosclefotic cardiovascular disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute alcoholism	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R B Fisher M. D.
CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/17/53	FRANKLIN	Churchton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/17/53	Chas Wesley Williams	T. A. Hardesty & Son, Edgewater	Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11018

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1F

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 yr. 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Rt. #2, Spring Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Overton

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/15/15

9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Overton

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Bowe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk.
(If Yes, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 025X General Paresis — Known to us since 6/22/52

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — —
19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/1 ,19 53, to 12/31 , 19 53 that I last saw the deceased alive on 12/31 , 19 53, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eilert, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/3/54
NAME OF CEMETERY OR CREMATORY: Green Acres
LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR: 12/31/53
REGISTRAR'S SIGNATURE: K. Mrs Joe

24. FUNERAL DIRECTOR: Booker M. West
ADDRESS: Salisbury, Md.

1-4-54

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1919

CERTIFICATE OF DEATH

Reg. Dist. No. 28 ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville ✓
LENGTH OF STAY (in this place) 4½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital 10

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 5 Scible Row

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Wilson (Last) Owens

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.

8. DATE OF BIRTH: 8/5/1919

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4437
Immediate cause (a) Bronchopneumonia — 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis due to hypertensive heart dieseas — Known to us since 7/29/53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - -

22. I hereby certify that I attended the deceased from 7/29 , 19 53 to 12/14 , 19 53, that I last saw the deceased alive on 12/14 , 19 53 and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen E. Kramer M.D. ADDRESS Crownsville, Md. DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 21, 53 — NAME OF CEMETERY OR CREMATORY Carpenters Hill — LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 21, 1953 — REGISTRAR'S SIGNATURE K M Jones — 1-4-54

24. FUNERAL DIRECTOR J. B. Johnson — ADDRESS

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1820

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A A
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Hall St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Estell (Last) PERRY

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-8-1905

9. AGE Last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired): Horse Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus Mason

14. MOTHER'S MAIDEN NAME: Eva Crandall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Perry Hall St Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637 Immediate cause (a) Carcinoma left lung with

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to Ribs

DUE TO

(c)

Interval Between Onset And Death: 3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleurisy with Effusion — 2 Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1953, to Dec 8, 1953, that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Boxil M.D. ADDRESS Annapolis Md DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-10-53 NAME OF CEMETERY OR CREMATORY St James LOCATION (City, town, or county) Lothian (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 9, 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John W. Sayles Sons ADDRESS Annapolis Md.

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11821

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY a a. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 112 Gloucester St.

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) Hartmann (Last) Pommer

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widow

8. DATE OF BIRTH: 7-1-1868

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sullivan Co N. Y.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Francis M. Hartmann

14. MOTHER'S MAIDEN NAME: Pauline Hoenninger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Chas C. Slayton 112 Gloucester St Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death: 2 mon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma rt. breast — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/27/53 to 12/5/53, that I last saw the deceased alive on 12/5/53, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Slayter M.D. ADDRESS Annapolis, Md. DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 12-8-53

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 8, 1953

REGISTRAR'S SIGNATURE [illegible]

FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

VS. A15

RECEIVED
DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1122

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PRINT WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name of every person should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Bay
LENGTH OF STAY (In this place) 15 Years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Out front door of boat house

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) JOHN (Last) PRILLER
4. DATE OF DEATH (Month) (Day) (Year): 22 1953

5. SEX: M
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 11/4/2
9. AGE last birthday: 51 yrs.
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? A.

13. FATHER'S NAME: CLEMENT-PRILLER-
14. MOTHER'S MAIDEN NAME: MARY AGNES-FAHRKITNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-26-0756
17. INFORMANT AND ADDRESS: (Same as next of kin)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
42.0,1
Immediate cause (a) Coronary Thrombosis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. WAS FATAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12 22 53

CREMATION (If any) DATE BURIED 12/26/53 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR 12/23/53 REGISTRAR'S SIGNATURE
23. FUNERAL DIRECTOR ADDRESS 130 E. Fort Ave.

4422

Miller
5126 Patrick Henry
Elmer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1185 1923

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 - 5th Ave. S. E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 116 - 5th Ave. S. E.

3. NAME OF DECEASED: (First) Alphens (Middle) C. (Last) Pumphrey

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: Oct. 3, 1872 — 9. AGE Last birthday: 81 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ticket taker (ret.) — 10b. KIND OF BUSINESS OR INDUSTRY: Glen Theatre — 11 BIRTHPLACE (State or foreign country): Severn Anne Arundel Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William B. Pumphrey

14. MOTHER'S MAIDEN NAME: Frances Ann Wheat

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary E. Pumphrey Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4-22-1 Cerebral Hemorrhage. — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) Cardio - Vascular Disease. — 5 Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19[illegible], to Dec 6, 19[illegible], that I last saw the deceased alive on Dec 4, 1953, and that death occurred at (Degree or title), from the causes and on the date stated above.

SIGNATURE James S. Buckingham M.D. — ADDRESS 108 Central Ave. Glen Burnie Md — DATE SIGNED Dec 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 9 1953 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR December 8, 1953 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR R. F. Singleton — ADDRESS Glen Burnie, Md.

VS. A15

RECEIVED
DEC 1
BUREAU V. S.

Birthdate: Film G160 12/10/53 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11824

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville

LENGTH OF STAY (in this place): 85 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — Baltimore City COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City

STREET ADDRESS (If rural give location): 1209 Druid Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Purviance

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1884/Sept. 9, 1882

9. AGE last birthday: 69 71 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Pub. Orchestra

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Peter Purviance

14. MOTHER'S MAIDEN NAME: Hannah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a)	Chronic Myocarditis	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Generalized Arteriosclerosis	"
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy — "

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9/14, 19 53 to 12/8, 19 53, that I last saw the deceased alive on 12/8, 19 53 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 12/11/53 — **NAME OF CEMETERY OR CREMATORY:** Mt. Auburn Cemetery — **LOCATION** (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 12/11/53 — **REGISTRAR'S SIGNATURE:** [signature] — **24. FUNERAL DIRECTOR AND ADDRESS:** Holland Funeral Home 1631 Druid Hill Ave.

12/11/53 D.M.P.

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn (Rural)
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 1 - Box 130-A
STATE: MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Antoinette (Middle) (Last) Rachalski

4. DATE OF DEATH: (Month) December (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 20, 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Elenko

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Clara C. Liberatto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — Interval between onset and death: 3 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular Disease — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1-, 1953, to Dec 18 1953, that I last saw the deceased alive on Dec 17-, 1953 and that death occurred at 10 ... P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Lyle Riley M D — ADDRESS: Secretary Md — DATE SIGNED: 12-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: Dec. 22, 1953. — NAME OF CEMETERY OR CREMATORY: St. Mary's Cath. Ch. Cem. — LOCATION (City, town, or county) (State): Secretary, Md

DATE RECD BY LOCAL REG.: Dec 21 1953 — REGISTRAR'S SIGNATURE: L. J. Dalba

24. FUNERAL DIRECTOR: Fred Willoughby — ADDRESS: Hurlock, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1526

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A17

1. PLACE OF DEATH — COUNTY: Ann Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: M.H.C.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Ohio — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Petersburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) Raynes

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH:

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: general contractor

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: [illegible] (deceased)

14. MOTHER'S MAIDEN NAME: Laura [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Maryland House of Correction Jessup, Md

18. MEDICAL CERTIFICATE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia and Nephritis, chronic — Interval Between Onset and Death: 14 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic asthmatic bronchitis with severe emphysema 15 year duration

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1953, to Dec. 6, 1953, that I last saw the deceased alive on Dec 6, 1953, and that death occurred at 2:58 P.M., from the causes and on the date stated above.

SIGNATURE: Robert B. Taylor (Degree or title) MD ADDRESS: Md House of Cor Jessup Md DATE SIGNED: 12-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/9/53

NAME OF CEMETERY OR CREMATORY: Spring Creek Church of the Brethren

LOCATION (City, town, or county): Hershey, Penna (State)

DATE REC'D BY LOCAL REGISTRAR: Dec 6-53

REGISTRAR'S SIGNATURE: Dana Darlup

24. FUNERAL DIRECTOR: Dell A Donaldson ADDRESS: Laurel, Md

Edition d'Edgar Poe typée sur papier de fabrication anglaise

BUREAU V. S.
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11627

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville; MARYLAND LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 12 N. Strickan St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edna		Riddick	Dec	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	married	6/3/14	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Galesville Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Crowner	Lot Crowner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		William Crowner, Galesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
49 - Immediate cause (a) pulmonary embolism	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pneumonia	1wk.
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Boone Linn Grant	M.D.	Shady Side, Md	12-7-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10, 1953	Crowners	Galesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-11-53	Ceri Cora Williams	Hardesty Funeral Home	Galesville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11028

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Macey's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 142 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) (Last) RIORDAN

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: Fem.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-2-1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Never retired) Ret. School Principle

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Riordan

14. MOTHER'S MAIDEN NAME: Catherine Mc Cabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie M. Riordan 142 Charles St. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Dec. 5, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at Macey's Nursing Home, from the causes and on the date stated above.

SIGNATURE Donald Hooker (Degree or title) M. D. ADDRESS 90 Cathedral St. Annapolis Md DATE SIGNED 9 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-9-53 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 9, 1953 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR John M. Taylor Sons | ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]29

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 28 S. Carey St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Sue (Last) Rouser

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 12, 1953

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours 9 Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Jerry V. Rouser

14. MOTHER'S MAIDEN NAME: Susan White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother
28 S. Carey St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) Atelactasis
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec 1953, to 12 Dec, 1953, that I last saw the deceased alive on 12 Dec, 1953, and that death occurred at 1.39 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mary E. Blankenmier, Capt MC
ADDRESS: U.S. Army Hospital Ft. Geo. G. Meade Md
DATE SIGNED: 12 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 14 Dec 1953
NAME OF CEMETERY OR CREMATORY: Post Cemetery
LOCATION (City, town, or county) (State): Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REGISTRAR: 14 Dec 1953
REGISTRAR'S SIGNATURE: T. A. Gordon
T. A. GORDON, CWO, USA

24. FUNERAL DIRECTOR: Willis Wessman, Chaplain
ADDRESS:

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1536

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lily (Middle) Mae (Last) Saunders

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH: May 1 1939 | 9. AGE last birthday: 14 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Shadyside Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Saunders | 14. MOTHER'S MAIDEN NAME: Beatrice Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: James T. Saunders, Shadyside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.1 Immediate cause (a) Pneumonia — Interval Between Onset and Death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acyanotic congenital heart disease Patent ductus
(c) Microcephalic idiot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1953, to 12-7, 1953, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: Louie Linn Grant (Degree or title) M.D. ADDRESS: Shadyside Md. DATE SIGNED: 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/11/53 | NAME OF CEMETERY OR CREMATORY: Friendship | LOCATION (City, town, or county) (State): Friendship Md

DATE REC'D BY LOCAL REG. Dec 11-53 | REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: Hardesty Funeral Home | ADDRESS: Glenarden Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21031

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS — LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural give location) 214 LOCKWOOD COURT

3. NAME OF DECEASED: (Type or Print) (First) Leo (Middle) Roy (Last) SCARBROUGH

4. DATE OF DEATH: (Month) DEC (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1905

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. SCARBROUGH

14. MOTHER'S MAIDEN NAME: Hattie GOTT (Deceased)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES — (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: 576-28-0367

17. INFORMANT & ADDRESS: Hospital records: USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (442) With arteriolar nephrosclerosis

Immediate cause 442X (a) HYPERTENSIVE HEART DISEASE,

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Organizing pneumonitis, diffuse, bilateral (?due to hexamethonium). Splenomegaly.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 NOV, 1953, to 8 DEC, 1953, that I last saw the deceased alive on 8 DEC, 1953, and that death occurred at 12:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) K.F. MENK, LT MC USNR — ADDRESS U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-11-53 — NAME OF CEMETERY OR CREMATORY National Cemetery — LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Ben L Hopping and Son Annapolis, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11332

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41b

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville
STREET ADDRESS (If rural give location): Crain Highway

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) I (Last) SEXTON

4. DATE OF DEATH: (Month) DECEMBER (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 24, 1889

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Restarunt

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Sexton

14. MOTHER'S MAIDEN NAME: Julia Horgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —— (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: 216-09-4861

17. INFORMANT & ADDRESS: Mrs. Mary M. Sexton Wife sames as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 8hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis, bilateral, far advanced — (2)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE: Neil Tuttle (Degree or title) M.D. ADDRESS: Severna Park Md. DATE SIGNED: Dec 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-5-54 | NAME OF CEMETERY OR CREMATORY: Our Lady Of the Fields | LOCATION (City, town, or county) (State): Millersville Maryland

DATE REC'D BY LOCAL REGISTRAR: Jan. 2, 1954 | REGISTRAR'S SIGNATURE: [signature] | **24.** FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

RECEIVED
JAN
BUREAU V. S

Film G 160 12/30/53 Item # 21 of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11033

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL ACADEMY 38 UPSHUR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS (U.S. Naval Academy)
STREET ADDRESS (If rural give location): 38 UPSHUR ROAD

3. NAME OF DECEASED: (Type or Print) (First) Ormond (Middle) Griffith (Last) SEXTON, III

4. DATE OF DEATH: (Month) DEC (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 14 APRIL 1913

9. AGE Last birthday: 40 yrs. — If under 1 year: Months Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ormond Griffith SEXTON, Jr.

14. MOTHER'S MAIDEN NAME: Stella CROWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: CDR Richard A SEXTON (Bro) U.S. Navy

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

871.0
Immediate cause (a) CARBON MONOXIDE POISONING, 70% — Immediate
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute gastroenteritis. Fatty liver.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident? Undetermined — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) Garage of home — (CITY OR TOWN) (COUNTY) (STATE) Annapolis, Anne Arundel Co., Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) Undetermined m. — **INJURY OCCURED** While at Work [ ] Not While At Work [X] — **HOW DID INJURY OCCUR?** To be determined by Navy Board of Inquiry.

22. I hereby certify that I attended the deceased from - - - , 19 - , to - - - , 19 - , that I last saw the deceased alive on - - , 19 - , and that death occurred at (DOA) 5:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) LT MC USNR — ADDRESS U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 12-17-53 — **NAME OF CEMETERY OR CREMATORY** Arlington National Cem. — **LOCATION** (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12-16-53 — **REGISTRAR'S SIGNATURE** A W Hedrick — **24. FUNERAL DIRECTOR** David R. Martin, 1902 Eutaw Place — **ADDRESS**

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11034

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY C. C. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Northeast of Gp.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Furnace Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) Furnace Branch Rd., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Hawkins (Last) Shipley

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 29-85

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): A.A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ~~Fred~~ Shipley, Fred

14. MOTHER'S MAIDEN NAME: Mary Hawkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-24-0414

17. INFORMANT & ADDRESS: Wife - Mattie Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac - Vascular Disease — Interval Between Onset And Death: 10 yr -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchial Asthma — 15 yr -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1938, to 12/8 ..., 1953, that I last saw the deceased alive on 12/1 ., 1953, and that death occurred at 5:30 A, from the causes and on the date stated above.

SIGNATURE Chas. L. Ball (Degree or title) — ADDRESS Linthicum — DATE SIGNED 12/8/53

23. BURIAL ☒, CREMATION ☐, REMOVAL ☐ (Specify) Burial — DATE THEREOF 12/11/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. — LOCATION (City, town, or county) A. A. Co., Md. — (State)

DATE REC'D BY LOCAL REGISTRAR 12-8-53 — REGISTRAR'S SIGNATURE A.W. Hedrich — **24.** FUNERAL DIRECTOR Wm. J. Wagner & Sons — ADDRESS Late 17 Md.

dmr.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

1035

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 204 D. Stret, S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 204 D. Stret, S.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Dimitri (Last) Dimitris

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 11, 1891

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: M.E. Drydock

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: 215-10-9455

17. INFORMANT AND ADDRESS: Jena Dimitris 204 D. ST., S.W. GLEN BURNIE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 X

Immediate cause (a) Carcinomca Esophagus — Interval between onset and death: 12 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan , 19 53, to Dec , 19 53, that I last saw the deceased alive on 12-14- , 19 53, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. MacDonald M.D. ADDRESS Glen Burnie, Md DATE SIGNED 12-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 12/18/53

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 12-17-53.

REGISTRAR'S SIGNATURE L. J. D'Allen

24. FUNERAL DIRECTOR P. V. Lingenfelter ADDRESS Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11836

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A10

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Annapolis Roads
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Roads
STREET ADDRESS (If rural give location) R. F. D.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) F. (Last) Spalding

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-12-1864

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Horse wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Swampscott Mass

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Van Buren Stone

14. MOTHER'S MAIDEN NAME: Josephine McClellan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Frederick F. Spalding Annapolis Roads R. F. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 24 Hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 DEC 1953, to 27 DEC 1953, that I last saw the deceased alive on 27 DEC, 1953, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward A Beck MD 41 SOUTHGATE AVE ANNAPOLIS 28 DEC 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-28-53 NAME OF CEMETERY OR CREMATORY Swampscott Cemt. LOCATION (City, town, or county) Swampscott (State) Mass

DATE REC'D BY LOCAL REGISTRAR Dec 28, 1953 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

BUREAU V. S.

Film#G160 Item# 11,12 12/9/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11337 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
   COUNTY Anarundel (Anne Arundel) MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena — RURAL X
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED (Anne Arundel)
   STATE Maryland COUNTY Anarundel
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Glenn, Pasadena X
   STREET ADDRESS (If rural give location) Box 239, Pasadena, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Antoninette (Last) Sullivan

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5, 1895

9. AGE last birthday: 58 yrs.
   IF UNDER 1 YEAR: Months Days
   IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Schriber

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John C. Sullivan, Forest Glenn, Pasadena, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 6 months

710.0
Immediate cause (a) DUE TO dermato myositis -

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Dec. 2, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Randall M. McLaughlin, M.D. ADDRESS Pasadena P.O. Md. DATE SIGNED Dec. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 5, 1953
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR DEC 3 1953
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12238

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 14 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE
STATE MARYLAND — COUNTY ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
STREET ADDRESS (If rural give location): 206 SYCAMORE COURT

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Dianne (Last) THOMAS

4. DATE OF DEATH: (Month) DEC (Day) 20 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 20 DEC 1953

9. AGE last birthday: 00 yrs. — IF UNDER 1 YEAR: Months 00, Days 00 — IF UNDER 24 HRS: Hours 13, Min. 12

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar (n) THOMAS

14. MOTHER'S MAIDEN NAME: Dorothy DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Hospital records, USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
762.0 Immediate cause	(a) ANOXIA	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) PULMONARY HYALINE MEMBRANE DISEASE	10 hrs.
	DUE TO (c) FETAL ASPHYXIA	14 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. STAGE 2 PLACENTAL INSUFFICIENCY SYNDROME — - -

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 DEC, 19 53, to 20 DEC, 19 53., that I last saw the deceased alive on 20 DEC, 19 53, and that death occurred at 6:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): E.R. PETERS, LT MC USN — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 23/53 — NAME OF CEMETERY OR CREMATORY: U.S. Navy — LOCATION (City, town, or county): Annapolis — (State): Md

DATE RECD BY LOCAL REGISTRAR: Dec. 23 1953 — REGISTRAR'S SIGNATURE: H. Winnel

24. FUNERAL DIRECTOR: J.B. Johnson — ADDRESS: Annapolis

20V5254424

DEC 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 1012 N. Calhoun Street

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1885?

9. AGE last birthday: 68? yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Waverly Rose

14. MOTHER'S MAIDEN NAME: Julia Rose

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Unk.
(If Yes, give war or dates of service): Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Known to us since 12/21/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome associated with Senile Brain Disease

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 12/21, 1953, to 12/26, 1953, that I last saw the deceased alive on 12/26, 1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-30-53
NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 12-28-53
REGISTRAR'S SIGNATURE: C. W. Shriner
24. FUNERAL DIRECTOR: William J. Jackson
ADDRESS: 916 Penna. ave

VS. A15

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1340

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: ANNE ARUNDEL — STATE: MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS

LENGTH OF STAY (in this place): 1 month

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 46 LAFAYETTE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE

STATE: MARYLAND — COUNTY: ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS

STREET ADDRESS (If rural give location): 46 LAFAYETTE AVE.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Burkman (Last) THOMAS

4. DATE OF DEATH: (Month) DEC (Day) 13 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	Negroid	Single	11 NOV 1953	00 yrs.	1	2	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- - -	- - -	Bethesda, Maryland	USA

13. FATHER'S NAME: Benjamin J. THOMAS, Jr.

14. MOTHER'S MAIDEN NAME: Mary V. FOLKES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	- - -	- - -	(Father) B.J.THOMAS, Jr., 46 Lafayette Ave., Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHOPNEUMONIA, 4 wks. (491) — Interval Between Onset And Death: 5 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE PETECHIAE OF THE SEROSA

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from - - - , 19 - , to - - - , 19 - , that I last saw the deceased alive on - - - , 19 - , and that death occurred at (DOA) 9:40 AM, from the causes and on the date stated above.

SIGNATURE: J.C. Hodges Jr. — (Degree or title) LT MC USNR — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 15 1953 — NAME OF CEMETERY OR CREMATORY: U.S.A. Naval — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 15, 1953 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J.B. Johnson. — ADDRESS: Annapolis, Md.

20X318/374

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 11841

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ANNE ARUNDEL GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Annapolis
STREET ADDRESS (If rural give location): Bay Head RFD # 2 Annapolis

3. NAME OF DECEASED: (First) MATILDA (Middle) (Last) TOWERS
4. DATE OF DEATH: (Month) DECEMBER (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 3, 1887
9. AGE Last birthday: 66 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper-College Teacher
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ---- (If Yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 100 12 1049
17. INFORMANT & ADDRESS: Mr. Fred W. Meyer Son Same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 4 or 5 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 1 yr
DUE TO (c) Generalized Arteriosclerosis —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13/, 1953, to 10/22/, 1953 that I last saw the deceased alive on 10/10/, 1953, and that death occurred at 6 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title): Frank M. Forbes MD
ADDRESS: Annapolis Md.
DATE SIGNED: 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 26, 53
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town or county) (State): Long Island, Queens Co., N.Y.
DATE REC'D BY LOCAL REGISTRAR: Dec. 23, 1953
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: 170-172 West St.

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville, Md

STREET ADDRESS (If rural, give location) 1 Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) George. (Middle) J. (Last) Treuting

4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 1, 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Casualty Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George J. Treuting

14. MOTHER'S MAIDEN NAME: Charlotte Schwarzenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Margaret C Treuting

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease DUE TO — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/15/53 | NAME OF CEMETERY OR CREMATORY Western Cem | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. Dec. 21, 53 | REGISTRAR'S SIGNATURE [signature] | **24. FUNERAL DIRECTOR** ADDRESS Mc Nabb & Son Catonsville 28

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1943

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: Anne Arundel General Hospital
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: City
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2nd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesterfield Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) ANNIE (Middle) (Last) Tyler
4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	C	Married	3-26-1879	74 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chesterfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Jennings
14. MOTHER'S MAIDEN NAME: Hannah Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT, & ADDRESS: John Tyler - Conway, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33.X
Immediate cause (a) Cerebral hemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized senility DUE TO
(c)

Interval Between Onset And Death: 1 bday

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 19 53, to Dec 1, 19 53, that I last saw the deceased alive on Dec 1, 19 53, and that death occurred at 6.50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Bowyer MD
ADDRESS: Annapolis
DATE SIGNED: Md 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-4-1953
NAME OF CEMETERY OR CREMATORY: Mt. Zion
LOCATION (City, town, or county) (State): Chesterfield, Md

DATE REC'D BY LOCAL REGISTRAR: Dec. 4, 1953
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: William Reese
ADDRESS: #-10 Bladen St. Annapolis, Md.

VS. AH6

EC 1
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1844

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwater Beach — LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8227 Parkway Shore

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwater Beach
STREET ADDRESS (If rural give location): 8227 Parkway Shore

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) VAN SKIVER

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-16-1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: G. FISCHBACH

14. MOTHER'S MAIDEN NAME: NOT KNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: THOS. VANSKIVER 8227 PARKWAY DR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

540.1

Immediate cause (a) Perforated Peptic Ulcer — 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Peptic Ulcer — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio Vascular Disease — 10 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Dec. 18, 1953, that I last saw the deceased alive on Dec. 18, 1953, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith — (Degree or title): M.D. — ADDRESS: Riviera Beach, Md. — DATE SIGNED: 12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/22/53 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE — LOCATION (City, town, or county) (State): WASHINGTON BLVD.

DATE REC'D BY LOCAL REG.: — REGISTRAR'S SIGNATURE: — 24. FUNERAL DIRECTOR: GEO. LEIMBACH — ADDRESS: 525 N. LYNNHURST ST

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11845

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
LENGTH OF STAY (in this place): 8 Y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Locust Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Same
COUNTY
CITY (If outside corporate limit write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural give location): Same

3. NAME OF DECEASED: (First) Barbara Gertrude (Middle) (Last) Vogel (Type or Print)

4. DATE OF DEATH: (Month) Dec. (Day) 12-1953 (Year) 19

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/6/18

9. AGE Last birthday: IF UNDER 1 YEAR | UNDER 24 HRS.
35 yrs. | Months | Days | Hour | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Adam John Boschert

14. MOTHER'S MAIDEN NAME: Mary E. Puntee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-10-9937

17. INFORMANT & ADDRESS: John Vogel (husband)

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
027X Immediate cause	(a) Aortitis	I y. 7m.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Enlarged heart	" "
	DUE TO (c) Hepatitis	" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatic Heart diseases ?	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..,19 53 to 12/12/53 19. , that I last saw the deceased alive on 12/10/53 .. , and that death occurred at 1.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gustave H. Pauberdill ADDRESS: Glen Burnie Md. DATE SIGNED: 12/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/15/53

NAME OF CEMETERY OR CREMATORY: Our Lady of the Field

LOCATION (City, town, or county) (State): Waterworks. Md

DATE REC'D BY LOCAL REGISTRAR: Dec 16, 1953

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [illegible]

ADDRESS: [illegible] Glen Burnie, Md

VS. A1 (7)

DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11846 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Mitchell St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 112 Mitchell St

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) L (Last) Wagner

4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: July 8, 1903

9. AGE last birthday: 50 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Crum

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Jacob G. Wagner 112 Mitchell St. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardiovascular Renal DUE TO — Interval Between Onset and Death 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ M. D. ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Dec 13 1953 NAME OF CEMETERY OR CREMATORY Edwards Chapel LOCATION (City, town, or county) Anne Arundel (State) Md

DATE REC'D BY LOCAL REG. Dec 13, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John W. Taylor & Sons ADDRESS Annapolis, Md

VS. A15A - 5 - 53

BUREAU V. S.

Item#3, FilmC160 12/28/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11917

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town). Crownsville
LENGTH OF STAY (in this place) 3wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 1-4
STREET ADDRESS (If rural give location) 821 Forrest St

3. NAME OF DECEASED: (Type or Print) (First) Janie (Middle) Hargrove M. (Last) Walton Hawthorne
4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 19 53

5. SEX: Fe
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 2-6-1909
9. AGE Last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): domestic
10b. KIND OF BUSINESS OR INDUSTRY: At Home —
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Deceased) no record
14. MOTHER'S MAIDEN NAME: (Deceased) no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33.X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: approx 3 hrs. Since admission

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1953, to Dec 14, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 2:55 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Faye W. Allen M.D. 10 Carroll, Annap 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/20/53
NAME OF CEMETERY OR CREMATORY Fredericksburg
LOCATION (City, town, or county) (State) Spottsylvania Co. Va.

DATE REC'D BY LOCAL REGISTRAR 12-16-53
REGISTRAR'S SIGNATURE W W Hurd
24. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantley Ave

VS/A15

JSJ

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11848

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (In this place): 5 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
STREET ADDRESS (If rural, give location): New Cut Road

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Milton (Last) Wheeler

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 24-1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/20/10

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Severn, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William W. Wheeler

14. MOTHER'S MAIDEN NAME: Mary Estelle Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes War -2-

16. SOCIAL SECURITY NO.: 218-12-9171

17. INFORMANT AND ADDRESS: Clinton C. Wheeler, (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812A

Immediate cause (a) Fracture of skull. Multiple fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of left femur. Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 — (CITY OR TOWN) (COUNTY) (STATE): Severn, A.A. Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12/24/53 9.15 P.M.

INJURY OCCURRED While at Work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Was hit by an automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☒ suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Clifford H. Barnes M.D. — (Degree or title): Deputy Medical Examiner. — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 12/26/53

BURIAL, CREMATION (OR AL (Specify)): Burial — DATE THEREOF: 12/29/53 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery — LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG.: 12/29/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: R. Singleton — ADDRESS: Glen Burnie, Md.

VS. A153

Film#G160 Item# 7 12/16/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Severn

LENGTH OF STAY (in this place) All life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Queenstown

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Same — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same

STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Geneva-- (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 8-1953

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2/7/21

9. AGE last birthday: 32 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House maid.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Severn, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Williams

14. MOTHER'S MAIDEN NAME: Fannie L. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Fannie L. Williams, (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Carcinoma of the uterus and bladder. — Interval Between Onset And Death: 1 year?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/53

19b. MAJOR FINDINGS OF OPERATION: and anterior uterine wall. Malignant invasion into the base of the bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952, to Dec. 8, 1953, that I last saw the deceased alive on 12/6/53 19, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gustav A. Rauhert M.D. — ADDRESS Glen Burnie, Md. — DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/13/1953 — NAME OF CEMETERY OR CREMATORY Pleasant Rest Cem. — LOCATION (City, town, or county) Harmons — (State) Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs Katie R. Williams — ADDRESS 322 Schroeder St.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11850

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 10; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, R 10; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) [illegible] (Last) Williamson

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 2-4-1868

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Durham, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Williamson

14. MOTHER'S MAIDEN NAME: Matilda Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Clara Coates - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Uremic Pericarditis — Interval Between Onset and Death: 1 ± wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic C.V.D. — 1 ± yr.

(c) Nephrosclerosis — 1 ± yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningoma — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23, 1953, to 12/25/, 1953, that I last saw the deceased alive on 12/25/, 1953, and that death occurred at 7:00p m., from the causes and on the date stated above.

SIGNATURE: Frank M Shipley (Degree or title) ADDRESS: Annapolis DATE SIGNED: 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-30-53 — NAME OF CEMETERY OR CREMATORY: Carpenter Hill — LOCATION (City, town, or county) (State): Round Bay, Md.

DATE REC'D BY LOCAL REG.: Dec. 30, 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: William Deane, E-108 W. Washington St. — ADDRESS: Annapolis, Md.

RECEIVED
DEC 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11851

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Hilltop Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 104 Hilltop Road

3. NAME OF DECEASED: (First) Daniel (Middle) Joseph (Last) Yerby

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	Aug. 4, 1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker	Nat. Buisquit Co	Cincinnatti, Ohio	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert J. Yerby	Mary J. Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			William J. Yerby 104 Hilltop Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio - Vascular Disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio - Sclerosis	8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/23, 1953, to 12/27, 1953, that I last saw the deceased alive on 12/27, 1953, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Chas. L. Ball Jr. 203 W. Maple Road Linthicum 12/29

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/53	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-53	A W Perlmutter	George J. Gonce	4001 Ritchie Hgwy.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Ball